drug substances) or finished formulation based on safety and efficacy data generated in animal and human as per Schedule-Y to Drugs and Cosmetics Rule, 1945.

(c) and (d) The Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) has informed that the Government laid a statement on the table of the Lok Sabha on 29th March, 1978 containing its decisions on the recommendations of the Committee. Later this came to be known a Drug Policy, 1978.

Manufacture of medicines in developing countries

59. SHRI VIJAY JAWAHARLAL DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the WHO is pressing for implementation of changes in regulatory mechanism for manufacturers of medicines in developing and poor countries with the objective to weed out the competitiveness of India and China;

(b) if so, the reasons as to why Indian Health Officers have not inspected the companies in the developed countries including China whose drugs are allowed to be imported into India; and

(c) the reasons for laxity of the regulatory authorities in India to impose strict regulatory measures to the units whose drugs were allowed to be imported into India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No Sir. This Ministry is not aware of any recommendation of WHO for changes in regulatory mechanism for manufacturers of medicines. The manufacture and sale of medicines is regulated under the Drugs and Cosmetics Act and Rules made there under.

(b) Inspections have been carried out in the past in China, when ever required, to ensure that the drugs exported by those manufacturers comply with the Good Manufacturing Practices and conform to the standards prescribed for them.

(c) The quality of drugs imported into India is regulated through the system of registration and licensing of the overseas manufacturers and their products as provided under the provisions of Drugs and Cosmetic Act and Rules made there under.

Medical care to poor people of Andhra Pradesh

60. SHRI MOHD. ALI KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether poor people especially the minorities are not getting proper medical facilities in the remote areas of Andhra Pradesh;

(b) if so, the details thereof; and

(c) the steps being taken to improve the medical services to the poor people in Andhra Pradesh especially when the chikungunya like diseases spread?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Health is a State subject. The Government of India through various National disease control programmes supplement the efforts of the State Governments. All the sections of society including poor people are provided medical facilities in the remote area of Andhra Pradesh.

(c) Govt of India has taken the following steps to prevent and control Chikungunya in the State of Andhra Pradesh:

- Prepared a strategic Action Plan for early case reporting and management, Entomological surveillance and anti mosquito measures for prevention and control of Chikungunya and sent to the State for implementation.
- Facilitated the diagnostic facility of Chikungunya Identified 10 Sentinel Surveillance Hospitals namely, VBRI, Hyderabad, MGM Hospital, Warangal, Ruya Hospital, Tirupathi, Govt. Hospitals at Guntur, Vijayawada, Karimnagar, Nizamabad, Annanthpur, and Medical Colleges at Mahboobnagar and Kurnool. These facilities have been made functional by providing test kits and contingency grant to meet the operational cost.
- Sentinel Surveillance Hospitals(SSH) were linked to Institute of Preventive Medicine, Narayanguda, Hyderabad which is one of the 13 Apex Referral laboratories (ARL) for back up support with advanced diagnostics facilities.
- IgM Mac ELISA test kits to all the SSHs and ARLs are provided through National Institute of Virology, Pune.
- Trained laboratory teams are dispatched for sero-diagnosis of Chikungunya in the identified institutes.
- Rapid response teams are placed at district HQs to implement the remedial measures at the earliest on receipt of the report of any Chikungunya or Dengue case to prevent its further spread and to prepare contingency plan for emergency hospitalization if any outbreak occurs.
- Regular supply of logistics like larvicides, adulticides and cash grant is also provided to the State.
- In 2006-07 and 2007-08 emergency package to the tune of Rs.2.21 crores and Rs.1.81 crores was provided to Andhra Pradesh to contain Chikungunya fever in the State.
- Regular monitoring and Periodic review is undertaken to provide technical guidance to the State.

AIIMS like institution in Andhra Pradesh

61. SHRI MOHD. ALI KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has any proposal to set up AIIMS like institutions in Andhra Pradesh;